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ANNEX 3

to the Commission Implementing Decision on the financing of the multiannual action plan in favour of the Republic of Zambia for 2023-2024

Action Document for Equal Chances for Human Development

MULTI-ANNUAL PLAN

This document constitutes the multi-annual work programme within the meaning of Article 110(2) of the Financial Regulation, within the meaning of Article 23 of the NDICI-Global Europe Regulation.

1 SYNOPSIS

1.1 Action Summary Table

1. Title CRIS/OPSYS business reference Basic Act	Equal Chances for Human Development OPSYS number: ACT-62240 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)/ Overseas Association Decision/European Instrument for International Nuclear Safety Cooperation Regulation
2. Team Europe Initiative	Yes. The action is part of the Team Europe Initiative for Zambia on Human Development, comprising the involvement of Czechia (EUR 1.7m), Germany (EUR 54.5m), Ireland (EUR 3.7m) and Sweden (EUR 12.5m)
3. Zone benefiting from the action	The action shall be carried out in the Republic of Zambia, North Western and Luapula Provinces
4. Programming document	Zambia Multi-Annual Indicative Programme 2021-2027
5. Link with relevant MIP(s) objectives / expected results	Priority Area 2: Supporting the People of Zambia to reach their potential and build resilience <ul style="list-style-type: none"> • SO2.1 - Improving sexual, reproductive, maternal, new-born, child, adolescent health and nutrition (SRMNCAH&N). • SO2.2 - Strengthening basic education with focus on Early Childhood Education and Development (ECED) • SO2.4 - Enhancing Technical and Vocational Education and Training (TVET) and skills development.
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	DAC 110 - Education DAC 120 – Health DAC 130 – Population Policies/Programmes & Reproductive Health DAC 140 – Water Supply and Sanitation

	DAC 15170 – Ending violence against women and girls DAC 16010 – Social Protection			
7. Sustainable Development Goals (SDGs)	Main SDG (1 only): <ul style="list-style-type: none"> SDG 4: Ensure inclusive and equitable education and promote lifelong learning opportunities for all Other significant SDGs (up to 9) and where appropriate, targets: <ul style="list-style-type: none"> SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture SDG 3: Ensure healthy lives and promote well-being for all at all ages SDG 5: Achieve gender equality and empower all women and girls SDG 6: Ensure availability and sustainable management of water and sanitation for all Goal 10: Reduce inequality within and among countries Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels 			
8 a) DAC code(s)	DAC 110 – Education – 30% DAC 120 – Health – 30% DAC 130 – Population Policies/Programmes & Reproductive Health – 5% DAC 140 – Water Supply and Sanitation – 20% DAC 15170 – Ending violence against women and girls – 10% DAC 16010 – Social Protection – 5%			
8 b) Main Delivery Channel	Multilateral organisations – 40000 Third Country Government - 13000 Non-Governmental Organisations – 20000 Private Sector - 60000			
9. Targets	<input type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Human Rights, Democracy and Governance			
10. Markers (from DAC form)	General policy objective @	Not targeted	Significant objective	Principal objective
	Participation development/good governance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Aid to environment @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Disaster Risk Reduction @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Disabilities @			
	Nutrition @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Internal markers and Tags:	Policy objectives	Not targeted	Significant objective	Principal objective
	Digitalisation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity digital governance digital entrepreneurship digital skills/literacy digital services	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Connectivity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity energy transport health education and research	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Migration @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities @	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Covid-19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BUDGET INFORMATION			
12. Amounts concerned	Budget line(s) (article, item): 14.020122 Total estimated cost: EUR 50 000 000 Total amount of EU budget contribution EUR 50 000 000 The contribution is for an amount of EUR 35 406 211 from the general budget of the European Union for year N and for an amount of EUR 14 593 789 from the general budget of the European Union for year N+1, subject to the availability of appropriations for the respective financial years following the adoption of the relevant annual budget, or as provided for in the system of provisional twelfths.			
MANAGEMENT AND IMPLEMENTATION				
13. Type of financing	Direct management through:			

	<ul style="list-style-type: none"> - Grants - Procurement - Prizes <p>Indirect management with the entity(ies) to be selected in accordance with the criteria set out in section 4.4.4</p>
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1.2 Summary of the Action

The Action aims to combat the root causes of gender and income inequalities by strengthening and protecting the rights and needs of young children and those of female adolescents in vulnerable situations. It will support multi-sectorial and integrated interventions (education, health, nutrition, hygiene and protection) that will place the child/adolescent girl at the centre, and ensure they receive all the services they need to thrive. The child needs nutrition, nurturing parents, good health and stimulating early education to fully realise their development potential and build strong life learning foundations. An adolescent girl needs quality education, incentives to remain in school, access to reproductive health and freedom and protection from the risks of HIV, early pregnancy, Gender Based Violence and low self-esteem.

The Overall Objective of the Action is to support the children of Zambia to reach their potential and to improve young female adolescent's resilience in alignment with Zambia's human development commitments under the 8th *National Development Plan (8NDP) (2022-2026)*¹.

To achieve this global objective, the Action will follow three more specific objectives:

- Improve nurturing care through more inclusive and equitable access to quality Early Childhood Development and Education (ECDE) for young children (0-8);
- Decrease inequalities through enhancing wellbeing and opportunities for adolescent girls;
- Strengthened coordination across government systems to enhance the effectiveness of integrated service delivery to young children (0-8) and to female adolescents.

The Action will adopt a dual approach by strengthening early education and health systems that target children and young female adolescents and by enhancing service provision. Strengthening Early Childhood Development (ECD), including health, nutrition, an Early Childhood Education (ECE) systems aims at improving efficiency in governance and coordination at national and sub-national level. The service provision will allow to focus on those children and young female adolescents in households and communities in vulnerable situation, where the lack of access to quality services is often compounded by deeply embedded social and cultural norms that constrain life choices for children and girls. Here interventions will also look at improving access to and quality of ECD and to youth friendly services.

The Action will be implemented for an amount of EUR 50 000 000, in two of the most undeserved and poorest provinces in Zambia; Luapula and North Western. Coordination actions, technical assistance and collaborative technical work with the Government of the Republic of Zambia will be carried out also at central level for national systems strengthening. The proposed programme has been designed in close collaboration with the Government, and follows the country-level priorities of the Multiannual Indicative Plan (MIP) and the Team Europe Initiative on Human Development. The proposed programme is in alignment with the Zambia country level implementation plan of GAP III² and contributes significantly to the thematic area on promoting sexual and reproductive health and rights for female adolescents. It also contributes to GAP III objectives to ensure freedom from all forms of gender-based violence, promoting economic and social rights and empowering girls and women. The programme also contributes to the objectives of the EU Youth Action Plan (2022)³, particularly the pillar to partner with young people and ensure access to sexual and reproductive health rights.

¹ <http://www.zda.org.zm/wp-content/uploads/2022/09/8th-NDP-2022-2026.pdf>

² The Gender Action Plan III is a Joint communication by the Commission and the High Representative of the Union for Foreign Affairs and Security Policy which was welcomed by 24 Member States through EU Presidency Conclusions of 16 December 2020. Drafting was led by European Commission in close consultation with EU Member States, EEAS, civil society organisations, partner governments, and international organisations (UN entities, International Finance Institutions among others). The different parties contributed to the drafting of the document through meetings and through responses to a survey conducted during the process.

³ https://ec.europa.eu/commission/presscorner/api/files/document/print/en/qanda_22_5882/QANDA_22_5882_EN.pdf

2 RATIONALE

2.1 Context

Within its Vision 2030, Zambia has set a series of ambitious goals, in various sectors of the economy and the society. By 2030, Zambia, a “stable and dynamic middle-income economy”, is a “regional centre of excellence in health and education”; Zambians have “equitable access to quality health care for all”; the population is “healthy and well nourished”, has clean and safe water supply and sanitation for all, etc. A number of successive National Development Plans have since been put in place to channel the Government’s policies and actions towards these goals. However, 17 years after the Vision was defined, and 7 years away from the target date for accomplishment, the country’s reality is telling a completely different story.

Zambia is a low-income country that has faltered in its socio-economic development over the last decade⁴. It has a mixed economy consisting of mining, agriculture, and construction as major economic sectors. In 2021, Zambia’s population stood at 18.9 million with an annual growth rate of 2.9%. In 2020, the life expectancy at birth was 64 years. Adolescents make up almost a quarter (24%) of the total population, with adolescents aged 10 to 14 years accounting for 13.3%, and those aged between 15 and 19 years about 11%. In 2018, nearly 49% of all adolescents (10–19 years) lived in rural areas⁵.

In this context, exacerbated by years of endemic corruption, low diversification of industrial and agricultural production and insufficient investments in the human development sectors, Zambia counts among the countries with the highest levels of poverty across the globe, with more than 61.4% of its population living below the international poverty line⁶ in 2015. It also has one of the highest levels of social inequalities worldwide, with an extreme poverty of 60% in rural areas. In 2015, Zambia’s Gini coefficient stood at 57.1 indicating a huge differential in wealth distribution accounted for mainly by variances between the rural and urban areas⁷. The global gender gap index tended to increase through 2008-2021 period, though it fluctuated substantially in recent years, ending at 0.723 index in 2021⁸. The country ranked 143 of 189 in the 2019 Human Development Index, with 48 % of the population unable to meet their minimum calories requirements, and more than one-third of children under five years are stunted. Zambia’s score on the human capital index (HCI) in 2020 is 0.40 which indicates that a Zambian child born in 2020 will only be 40% as productive as s/he could have been if s/he had received a complete education and been in full health. The situation is exacerbated with 78% of children under five years at a high risk of not achieving their full potential, whilst 65% of children face a risk of lack of access to health, nutrition, responsive caregiving, early learning opportunities, and safe water and sanitation⁹. Additionally, in Zambia, a child who starts school at the age of four years can expect to complete an average of 8.8 years of education by the age of 18, but acquire only five years of learning¹⁰. Low human capital has a significant adverse impact on Zambia’s growth potential and global competitiveness.

The election of a new government in 2021 has brought with it renewed optimism about the nation’s development goal of becoming again a thriving middle-income country. This change came also with a renewed interest in investing in Human Development, framed around a zero-corruption policy and motivated by two main factors: on the one hand, the new Government comes with a longer term vision of the country’s development, based on a transformative goal related to its human resources. Hence education, health and social protection have been prioritized more than before both in terms of policy and budgeting, i.e. they were given a prominent role in the 8th National Development Plan and were subject to a substantial increase in the budget in 2022 and 2023. On the other hand, an element that helped this switch towards human development was the IMF 1.3 billion programme under

⁴ World Bank reclassified Zambia to low-income status from lower-middle-income, for the 2023 financial year following the deterioration of Gross National Income per capita estimates recorded in 2021.

⁵ UNFPA. 2022. Adolescent and Youth Dashboard- Zambia. <https://www.unfpa.org/data/adolescent-youth/ZM> ; Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF. 2019. Zambia Demographic and Health Survey 2018. Lusaka, Zambia, and Rockville, Maryland, USA

⁶ Of USD 2.15 a day (2017 PPP)

⁷ GRZ, 2022. Eighth National Development Plan (8NDP)

⁸ World Economic Forum, Global Gender Gap Report 2022, https://www3.weforum.org/docs/WEF_GGGR_2022.pdf

⁹ OECD PISA-D National Report: https://www.oecd.org/pisa/pisa-for-development/Zambia_PISA_D_national_report.pdf

¹⁰ Ibid.

the Extended Credit Facility (ECF), after the country has defaulted on its debt in 2020. The programme sets as a conditionality a fair balance between fiscal reforms, public debt restructuring and the necessity of increasing social sector investments.

Through an integrated approach, this proposed action would contribute to the EU's priority decreasing inequalities and on education, to the principles of the EU Global Health Strategy and to the implementation of the Gender Action Plan III in Zambia, in particular its thematic areas of engagement "Ensuring freedom from all forms of gender-based violence", "Promoting sexual and reproductive health and rights", and "Promoting economic and social rights and empowering girls and women". It is also aligned with the 2030 Agenda and Sustainable Development Goals, with the People – Human Development theme under the EU New Consensus for Development as well as with the EU Action Plan on Human Rights and Democracy. The Action will be in line with the EU Strategy for the Rights of Persons with Disabilities 2021-2030, and the EU Guidance Note on Disability Inclusion in EU external action.¹¹

2.2 Problem Analysis

Priority Area 1 – Education/Early Childhood Development and Education (ECDE)

In the area of education, the Government has launched an Education For All (EFA) reform, making education fee-free at pre-primary, primary and secondary levels. Although a critical step towards a sustainable universal education system, the reform has substantially impacted enrolment, availability of teachers, teaching space, quality of education, etc. The commitment of the Government to build 200 more schools and to hire 30 000 more teachers remains nevertheless a marginal contribution to the overall needs of the education system.

The specific sub-sector of Early Childhood Education, targeted primarily by this proposed Action, has been long neglected in Zambia. In 1997, the Government introduced the Re-entry Policy that requires all schools to grant girls maternity leave and readmit them to facilitate girls' education. Despite this efforts, only about a third go back to school and very few finish their secondary school. Up until 2014, it was mainly the private sector and faith-based organisations that provided a range of ECE centre-based services. These were mainly taken up by a small minority group of fee-paying parents, usually in urban areas. It was only in 2015, after the establishment of a Directorate of Early Childhood Education, that the ministry fully integrated ECE into the National Education and Skills Strategic Plan (2017-2021)¹². In doing so, the Ministry aligned itself with various global and regional agreements and a growing scientific evidence-base, which acknowledged that foundational learning begins in early childhood and that high-quality ECE interventions can have the most positive effects on young children in the most vulnerable sections of society, including children who are multi-dimensionally poor, those who have been orphaned and children with disabilities. The Ministry is currently engaged with other social sector ministries mandated to support integrated ECD (MoH and MCDSS) in a process of developing a multi-sectorial strategic framework for ECD, aligned with the Global Nurturing Care Framework. This framework comprises elements of good health, adequate nutrition, safety and security, responsive caregiving and opportunity for learning and applies a more sustainable and integrated approach to the care and development of young children and their families. Since the establishment of the Directorate of ECE in 2015 the enrolment rate has been rising, going in a few years from 14.7% to 29.8%, but still not reaching the 50% targeted for 2022. The Education for All reform has also put pressure on the sub-sector, with a higher rate of enrolment that goes well beyond of the system's capacity – with an allocation to ECE of 0.1% of the annual education budget.

In addition, number of structural challenges have led to a learning crisis with very low proficiency in literacy and numeracy among secondary level students. This has been due to, among others, low ECE exposure among Grade 1 entrants (29.4%), lack of adequate equipment and facilities, and insufficient and sometimes untrained ECE teachers. Also, persistent underfunding of the education sector (11.5% of total public budget in 2021), and in particular of the ECE subsector (0.1% of education share) has been a bottleneck blocking the education reforms and improvements. Poor accessibility (distance, transport, road conditions, etc.) and infrastructure quality (limited

¹¹ [EU Guidance Note Disability inclusion in EU external action.](#)

¹² Republic of Zambia, Ministry of General education, Ministry of Higher education. Education and Skills Sector Plan 2017-2021: https://planipolis.iiep.unesco.org/sites/default/files/ressources/zambia_-_education-and-skills-sector-plan-2017-2021.pdf

access to electricity, water) especially in remote and rural areas has a negative impact on provision of ECE. Moreover, disabilities exclusion in school are not being fully addressed, and socio-emotional skills and provision of psychosocial support in schools are not part of the curriculum at any level of education.

Priority Area 2 – Education/Technical and Vocational training

In the secondary schools, the Technical and Vocational Training (TVET) pathway has been provided in parallel to the academic path, however its application has been slow and challenging. Beside the irrelevant and outdated curricula, lack of or inadequate infrastructure, equipment and technology as well as lack of qualified staff affect negatively the performance of TVET and skills development sector both at secondary and tertiary levels. TVET centres lack child-care support allowing young mothers to go through vocational training. Zambia is experiencing a major demographic shift with a growing population at 3.4%¹³ per year and a total fertility rate of 4.7%. It is a country of young people, with the majority of the population under the age of 35 (83%), out of which 46% are children (0-14 years) and 37% youth (15-35 years). The estimated median age is 17.6 years (2022)¹⁴, which is one of the lowest in the region and globally. Rapid population growth is placing enormous pressure on the supply of quality education and skills development services while straining the capacity of the labour market to absorb new workers. An increasing number of youth is looking for access to social services and employment while the situation is currently constrained. Youth unemployment stands at 17.4%¹⁵, with a higher prevalence for women (21.2%), driven to a great extent by a persisting mismatch between job, relevant skills and training and employment opportunities.

Priority area 3 – Health and sanitation

Access to quality and affordable **health services** continues to be a challenge overall, particularly in rural areas. As a consequence, many related indicators nationwide remain alarming: limited access to basic maternal care, high levels of maternal mortality (252/100,000 live births), under-five and neonatal mortality (respectively 64/1,000 live births and 42% of all under-5 deaths), as well as malnutrition indicators (see below)¹⁶. The very high prevalence of early and unintended pregnancies among adolescent girls and young women (29% of 15-19 years old) is mainly caused by lack of access to health-related information, very poor Comprehensive Sexual Education (CSE)¹⁷ and by the socio-economic context including traditional harmful practices promoting sexual debut from puberty, high prevalence of SGBV, and barriers to access Adolescent Sexual And Reproductive Health and Rights (ASRHR).

The situation related to early pregnancies is not only one of the main causes of gender inequality (see Priority Area 4), but also of serious health consequences (e.g. high HIV prevalence) and cause of premature deaths and disabilities¹⁸ both for mothers and children. It also contributes to the very high prevalence of malnutrition in the country, translated for instance in the number of stunting children with cognitive problems and perpetuating the intergenerational cycle of malnutrition and poverty. In addition, 47.2% of child bearing develop fistula and other complications on first pregnancy¹⁹. According to a study conducted in 2015, 63% of obstetric fistula patients were abandoned by their partners/ spouses²⁰, increasing so the risk of impoverishment and malnutrition for them and their children. Termination of Pregnancy Act of 1972 settles de conditions and requirements and the 2005 amendment allows abortion for girls below 16 years. Despite the legal framework, very few facilities provide abortion and the existence of this service is often inversely proportional to the prevalence of early pregnancy and maternal mortality. As a consequence, induced terminations of pregnancy in girls 18 years old and younger account for 25% of maternal deaths²¹.

¹³ 2022 Census of Population and Housing, Preliminary Report - ZamStat

¹⁴ Idem

¹⁵ <https://www.zamstats.gov.zm/wp-content/uploads/2023/05/2021-Labour-Force-Survey-NHPP.pdf>

¹⁶ Zambia Demographic and Health Survey 2018 <https://dhsprogram.com/pubs/pdf/FR361/FR361.pdf>

¹⁷ Zulu et al. International Journal for Equity in Health, 2019. "Why teach sexuality education in school? Teacher discretion in implementing comprehensive sexuality education in rural Zambia.

¹⁸ UNESCO/UNFPA 2023, Preventing Early and Unintended Pregnancy among In-School Girls and Young Women in Zambia

¹⁹ Obstetric fistula strategic plan 2022-2023, MoH, UNFPA and Fistula Foundation.

²⁰ Zambia MoH Obstetrical Fistula Tracking Study of 2015.

²¹ Deep Dive on improving maternal and newborn health and survival and reducing stillbirth in Zambia, Dr Apurva Chaturvedi, Health Specialist (RMNCH), UNICEF Zambia Mai 2023.

In terms of sanitation, 64% of the country's population has access to basic drinking water services (with 36% in poor rural areas), while only 33% has access to basic sanitation services, with 25% having a fixed place for handwashing²². 34% of households have access to electricity, with 69% in urban areas and only 8% in rural zones²³. Inadequate and unreliable provision of water supply and sanitation facilities, mostly in rural, but also in urban and peri-urban areas, is highly affecting service provision to the population, especially in the education and health sectors. Lack of Water, Sanitation and Hygiene (WASH) facilities in schools causes the inability to manage menstruation hygienically and in a safe and private environment – can result in trauma, absenteeism and ultimately to school drop out that in turn increases the risk of early marriages. The absence of adequate such facilities in healthcare centres is a contributing factor, for instance, to the county's high maternal deaths during childbirth.

Priority Area 4 – Gender Inequality

Given all the contextual elements above, gender inequality remains highly prevalent and all pervasive in Zambian society. Significant barriers to gender equality are the prevailing gender and social norms that limit female access to most sectors including education and health (especially sexual and reproductive health) services. The literacy rate of men is 82%, significantly higher than that of women, sitting at 66%²⁴. On health, 20% of women have an unmet need for family planning. Sexual and Gender-Based Violence (SGBV) remains widespread in Zambia, with 36% of Zambian women (age 15-49) having experienced physical violence since the age of 15, with current or former husbands/partners being the main perpetrators of physical, emotional and sexual violence²⁵. According to the Violence Against Children Survey²⁶, 28.2% of women and 5.6% of males aged 18-24 who had sexual relations the age of 18, reported that their first sexual intercourse was unwanted. Among women aged 13-24 who experienced unwanted sex, close to 20% became pregnant as a result. Help-seeking behaviour is very low in the country. Only 1.4 % of female survivors under the age of 18 sought help for sexual violence they had experienced and more than half (52%) of adult women never sought help and never told anyone about the violence they had experienced²⁷. Marital counsellors deliver a “silence pact” promoting unconditional obedience to husbands and women subordination. The teachings focus on encouraging new brides (frequently adolescents) to accept harmful and violent treatment from their husbands and promotes the normalisation of SGBV.

Zambia also has particularly high rates of child marriage and teenage pregnancy in the region. In the age groups of 15-19, 14% of girls are currently married whereas for boys the proportion that is married is only 1.1%. In this age group, more than half of teenage girls (52.9%) have begun childbearing. Unintended pregnancy among school girls poses a serious health and developmental threat, both for the individual girl and for the community and the society in general: school progression is cut short, the girl often experiences societal stigma and psychosocial and mental stress as well as, often as a consequence, ill-health for her and for her baby. Recent data²⁸ indicate that adolescents aged 10–14 and 15–19 constituted 7% and 35% respectively to the total number of patients treated for depression.

In Zambia, these are not isolated cases: as an example, between 2012 and 2019, up to 120 895 in school girls (95 921 primary and 24 974 secondary school) became pregnant²⁹. As aforementioned, high girl and teenage pregnancies and high prevalence of SGBV (sexual gender based violence) among girls indicate that adolescent-friendly and responsive Adolescent, Sexual, Reproductive and Health (ASRH) services are lacking³⁰. Negative health/education provider attitudes as well as social, cultural and religious norms prevent youths from accessing ASRH services.

Priority Area 5 – Nutrition

²² Zambia Demographic and Health Survey 2018 <https://dhsprogram.com/pubs/pdf/FR361/FR361.pdf>

²³ Ibid.

²⁴ Education Sector - A Education and Skills Sector Plan 2017-2021

²⁵ Zambia Demographic and Health Survey 2018 <https://dhsprogram.com/pubs/pdf/FR361/FR361.pdf>

²⁶ 2018, Government of Zambia, Violence against Children in Zambia: Findings from a national survey 2014

²⁷ Zambia Demographic and Health Survey 2018

²⁸ Ministry of Health information management system June 2021, extracted from Adolescents Health Strategic Plan 2022-2026.

²⁹ Ministry of General Education, *MoGE Statistical Bulletin 2019*

³⁰ 2020, EUD, Ex-Post Evaluation of the Millennium Development Goal Initiative Accelerating progress towards maternal, neonatal and child morbidity and mortality reduction in Zambia (MDGi Programme) and 2022, Caroline Meek at al. Health worker perceptions of stigma towards Zambian adolescent girls and young women: a qualitative study. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08636-5>

According to the Zambia Demographic and Health Survey 2018, 35.6% of children under 5 are stunted, a decrease from 40.1% in the previous ZDHS 2014. Despite this improvement, acceleration is still needed to meet the countries Sustainable Development Goals (SDGs) target for stunting of 25% by 2026. The prevalence of stunting is slightly higher among children in rural areas (35.9%) than among children in urban areas (32.1%) and is higher in boys (38.3%) than in girls (31.0%).³¹ Causes of stunting are multifactorial, and include poor nutrition and lack of access to diverse foods (both to children and their mothers), repeated infections (as a result of lack of proper healthcare for children and their mothers and poor sanitation/ access to drinking water) and inadequate psychosocial stimulation/ parental – infant bonding. The Minimum Acceptable Diet (MAD) is low and water and sanitation conditions in rural areas are also poor with just 25% of rural households having basic sanitation and 48% of rural households having basic drinking water³². Education and poverty levels are also a contributing factor as highlighted by the fact that stunting levels are highest in the lowest wealth/education quintiles:

Mother's education	Stunting	Wasting	Overweight / obesity	Wealth quintile	Stunting	Wasting	Overweight / obesity
No education	38.2	4.7	5.3	Lowest	40.1	4.3	5.8
Primary	37.6	3.6	5.2	Second	36.6	3.9	4.4
Secondary	31.3	4.9	5.3	Middle	32.9	3.0	4.5
Higher	15.4	5.0	6.9	Fourth	35.3	4.8	5.6
				Highest	23.6	5.6	6.1

Source: Demographic and Health Survey 2018 - Prevalence of stunting, wasting and overweight and obesity in children under 5 according to mother's education and wealth quintiles.

In terms of wasting, the prevalence in 2018 in children under 5 was 4.2%, a decrease from 6.0% found in 2014.^{33,34} This means that Zambia is on track to meet the SDGs target for wasting. In both the 2014 and 2018 surveys, wasting was higher in urban than rural areas, for example in 2018 the prevalence of wasting was 5.0% in urban and 3.8% in rural. In addition, 5.2% of children under the age of 5 are overweight or obese, a greater proportion than those who are wasted. There is little difference between urban and rural areas, 5.7% compared with 5.0% respectively, and like other forms of malnutrition it is higher in boys (5.4%) than girls (5.0%). According to the table above, both wasting and overweight/obesity appear to be higher where the mother has a higher education and lower when the mother only has a primary education. Similarly, wasting and overweight/obesity appear to be higher in the highest wealth quintile. This data on overweight and obesity follows global patterns whereas it is surprising to see wasting levels that are higher in urban areas, in mothers with higher education and in wealthier households.

In addition, when it comes to micronutrient deficiencies, with a very little diversified diet, based mainly on maize, 58.1% of children 6-59 months are anaemic with little difference between urban (58.1%) and rural areas (58.2%). Anaemia is higher amongst boys than girls, 59.7% and 56.6% respectively. The provinces where the highest prevalence of anaemia in children are Luapula (71%) and North Western (62%). Anaemia remains also high amongst women, with 31.1%, with the highest prevalence in pregnant women (42%) and slightly higher than the average in women in the 15-19 age category (33.4%).³⁵

A recent study³⁶ showed that there is a significant burden of malnutrition on adolescents in Zambia, and it is driven by several socioeconomic and structural factors. The percentage of undernourishment in the forms of underweight,

³¹ Zambia Statistics Agency, Ministry of Health (MoH) Zambia, and ICF. 2019. Zambia Demographic and Health Survey 2018. Lusaka, Zambia, and Rockville, Maryland, USA: Zambia Statistics Agency, Ministry of Health, and ICF.

³² *The State of the World's Children*, UNICEF, 2021.

³³ Zambia Demographic and Health Survey 2018 <https://dhsprogram.com/pubs/pdf/FR361/FR361.pdf>

³⁴ Central Statistical Office (CSO) [Zambia], Ministry of Health (MoH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.

³⁵ Zambia Demographic and Health Survey 2018 <https://dhsprogram.com/pubs/pdf/FR361/FR361.pdf>

³⁶ Health and Nutrition status of adolescents in Zambia, UNICEF March 2023.

short height, and anaemia was higher in adolescents compared to other age groups sampled in the surveys utilized. It also notes increased levels of overweight and obesity, creating the “triple burden of malnutrition.” Policy instruments such as the National Food and Nutrition Strategic Plan 2022-2026 (NFNSP) and the new Adolescents health strategic plan recognizes adolescents as a group in nutritionally vulnerable situation.

A broader comparative documentation review conducted by UNICEF³⁷ shows evidence on the linkages between gender-based violence and nutrition. These studies demonstrated that girls who experienced childhood sexual abuse were more likely to be affected by overweight/obesity in adolescence. It also highlights that girls who were subjected to child marriage were also significantly more likely to have anaemia. The same study highlighted that intimate partner violence in adolescents was associated with three categories of childhood nutrition outcomes: low birthweight; breastfeeding practices, and growth indicators (stunting, wasting and/or underweight).

Priority area 6 - Social Protection

During the last years the Ministry of Community Development and Social Services (MCDSS), in charge of the Government’s social protection policies, has been working intensively on the Social Cash Transfer, the most important social protection programme in the country. The few District Social Welfare Officers (DSWOs) are absorbed by the selection and monitoring of people in the most vulnerable situation enrolled in this programme, with little time left to consecrate to malnutrition cases, Violence Against Children (VAC), GBV, child protection, people living with disabilities, etc. This issue is recognised by all stakeholders working in social protection and the MCDSS has initiated the recruitment of new officers to adequately fulfil their mandate on case management. Despite good initiatives such as the approval in February 2023 of the Community and Statutory Case Management Guidelines, the response is still very fragmented and inefficient.

Integrated response

When it comes to a comprehensive analysis of the Human Development factor in Zambia, all elements above need to be taken into consideration, due to the strong interlinkages between them. Low access to quality ECE, poor health and nutrition among the children and low family support, lead invariably to underperformance in school and often to drop out. SGBV, teen pregnancies and child marriages cause many teenage girls to drop out of school and thus continuing the vicious circle of poverty, where their children are likely to follow the same path. Early pregnancy also correlates with low weight babies and poor child's neurodevelopment, jeopardising from the very start the objective of early childhood development. Children born of adolescent mothers are more likely to be stunted, perpetuating the intergenerational cycle of malnutrition. ECE has the potential to be a building block for climate adaptation, resilience, and sustainable development given its cross-cutting nature that has the power to transform the lives of our youngest populations. The programme will support the inclusion of climate change, environment, and disaster risk reduction in ECE policies, financing and implementation, with a particular focus on the curriculum, policy development and the infrastructure components.

The integrated nature of the proposed action, dealing both with improving Early Childhood Development and Education (ECDE) conditions and opportunities, and with supporting adolescents to remain in school or reintegrating school in the case of teen mothers, has the advantage of a full ranged support that tackles root causes and immediate effects of the problems identified, for better response efficiency. The choice of the geographical area targeted by the action (two Zambian provinces, North Western and Luapula) was made through a consultative process with the Government of the Republic of Zambia and the Cooperating Partners (CPs), taking into account the Human Development statistics (e.g. very high prevalence of teen pregnancies in both Luapula – 29% and North Western – 35.7%) and existing programmes, both governmental and CP financed.

The programme will promote the adaptation of strategic infrastructure promoting the use of land-use planning, the mainstreaming of climate change in health, environment, water and sanitation policies, and the use of decentralised climate information for early warning and sustainable management of infrastructure development and public health. The programme will also take into account the commitments and solutions identified by Zambia in the 2021 Nationally Determined Contribution.

³⁷ Evidence on the linkages between gender-based violence and nutrition: summary of findings specific to adolescents girl, UNICEF December 2022.

Identification of main stakeholders and corresponding institutional and/or organisational issues (mandates, potential roles, and capacities) to be covered by the action:

The main stakeholders of this actions are:

1. The Ministry of Education, which plays a critical role in the Early Childhood Education sub-sector, through the Directorate for ECE and the devolved administrations at provincial and district level: the office of the Provincial Education Officers (PEO) and the District Education Boards, led by a District Education Board Secretary (DEBS). The Ministry and its devolved structures are also in charge of technical and vocational training curriculum in Secondary Schools, and it is expected that the new National Education Strategic Plan 2022-2026 to expand on TVET and include elements of digitalization. State schools, ECE centres and their respective administrations, under the Ministry of Education, are also a key stakeholders of the Project.
2. The Ministry of Health (MoH), through its central, provincial and district administrations (Provincial Health Directorates and District Health Offices) and service delivery units (e.g. health facilities), will play a key role in the health-related components of the proposed action, including including sexual, reproductive, maternal, new-born, child, adolescent health and nutrition (SRMNCAH@N), persons with disabilities, HIV&AIDS, SGBV response, etc.
3. The Ministry of Community Development and Social Services (MCDSS) is also a major stakeholder in the action, given its role at community level, through Social Protection schemes. The Department for Child Development, responsible for the coordination of all child development programmes, sits within this ministry and plays a key role in child centred initiatives.
4. The Gender Division (GD) under the Office of the President and its decentralised provincial representatives, in charge tackling gender inequalities.
5. The National Food and Nutrition Commission (NFNC) under the Office of the Vice-President, coordinating at national level nutrition activities.
6. The traditional leadership at local level, including the Chiefs and other traditional structures, which play a very important role at community level – from land ownership and management to elements of cultural and mentality transformation.
7. The Ministry of Local Government and Rural Development (MoLGRD) with oversight responsibilities for allocating and monitoring the performance of the Constituency Development Fund (CDF). The allocation of the Constituency Development Fund (CDF) in the 2023 National Budget has been increased from ZMW25.3 million to ZMW28.3 million per constituency (*there are 156 constituencies in the country*). A larger percentage (60%) of the CDF annual allocation has been set aside for infrastructure-related projects at community level, including construction of classrooms and health posts,
8. UN agencies, other Cooperating Partners, including Member States that are involved in the sectors under this programme. More specifically, Germany and Sweden are active in supporting Reproductive, Maternal, Child, Adolescent Health and Nutrition (RMCAHN) and Ireland supports strengthening basic education, while all three support the Nutrition sector. UNICEF is very involved in ECDE and all related sectors (health, nutrition, education, etc.).
9. Civil Society Organisations (CSOs) at national, provincial and grass-roots level – including youth organisations, community-based organisations, parent-teachers associations (PTA), professional associations (education and health), faith-based organisations and institutions at local level, as well as women’s human rights’ organisations, and persons with disabilities’ organisations.
10. Private sector, including technical assistants, private service providers in the health, water and sanitation, energy and education sectors, infrastructure-related contractors. The action would also aim to involve mining companies in North Western in supporting the ECE Centres under the project (e.g. with school feeding programs, equipment sponsorship, etc.).

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The **Overall Objective (OO)** of this action is to support the children of Zambia to reach their potential and to improve young female adolescent’s resilience in alignment with Zambia’s human development commitments under the Eighth National Development Plan (8NDP).

The **Specific Objectives (SO)** of this action are to:

SO1: Improve access to more inclusive, equitable and quality early childhood development and education (ECDE) for young children (0-8);

SO2: Decrease inequalities through enhancing wellbeing and opportunities for female adolescents;

SO3: Strengthen coordination across government systems to enhance the effectiveness of integrated service delivery to young children (0-8) and to female adolescents.

The Outputs (Expected Outcomes – EO) to be delivered by this action contributing to the corresponding Specific Objectives are:

Contributing to Outcome 1 (or Specific Objective 1): Improve access to more inclusive, equitable and quality early childhood development and education (ECDE) for young children (0-8);

EO 1.1: Expansion of health and Early Childhood Development and Education (ECDE) infrastructure (construction of new, renovation or improvement of community infrastructures/early childhood development centres/kindergartens) through smart and green solutions for energy, water and sanitation and play areas;

EO 1.2: Curriculum revision to adopt child and play-centred pedagogy and training of educators and teachers in its implementation through collaborative approaches and peer learning and provision of adequate teaching and learning materials adapted to the curriculum;

EO 1.3: Parents engagement in child development and education strengthened;

EO 1.4: Enhanced health and nutrition status of children (0-8) and young mothers.

Contributing to Outcome 2 (or Specific Objective 2): Decrease inequalities through enhancing wellbeing and opportunities for female adolescents

EO 2.1: Community-based approaches are explored to better protect and support female adolescents, including young mothers;

EO 2.2: Improved access to education, health and nutrition services for female adolescents;

EO 2.3: Opportunities created for re-entry to formal education, easier access to vocational and technical skills and alternative pathways for young female adolescents who have dropped out of school;

EO 2.4: Access facilitated for adolescent to quality sexuality education, and for adolescent girls to receptive health services, and access facilitated for all to SGBV prevention and response mechanisms.

Contributing to Outcome 3 (or Specific Objective 3): Strengthened coordination across government systems to enhance the effectiveness of integrated service delivery to young children (0-8) and to female adolescents

EO 3.1: Improved data collection, monitoring and evaluation systems for better and more integrated delivery of early childhood education and development and of services and interventions targeting young female adolescents;

EO 3.2: Improved capacity for quality assurance and supervision of ECDE services as well as of services for female adolescents;

EO 3.3: Strengthened inter-ministerial coordination at both national and sub-national levels, and improved synergies between education, health and nutrition duty bearers.

3.2 Indicative Activities

Activities related to EO 1.1: Expansion of ECDE infrastructure (construction of new, renovation or improvement of community infrastructures/early childhood development centres/kindergartens) through smart and green solutions for energy, water and sanitation and play areas

Indicative activities under this expected result could comprise: a) needs and capabilities identification at local level in terms of infrastructure works; b) promoting and adopting concepts and designs that respond to the need of the communities, including the children, and persons with disabilities; c) infrastructure works linked to building new ECE/ECD Centres, rehabilitating existing ones and constructing/improving auxiliary infrastructure (ablution blocks, teacher accommodation, playgrounds, school gardens), gender responsive and adapted to children with disabilities as needed; d) Water infrastructure (e.g. boreholes) and water and energy equipment (pumps, solar panels) will be provided as needed to ECE Centres and Health Facilities; e) provision of smart energy solutions to ECE Centres and Health Facilities.

The identification of sites for new infrastructure, and the design and upgrading of infrastructure, will take into account climate and environmental risks, ensure infrastructure resilience to hazards, incorporate environmental considerations arising from Environmental Impact Assessments (EIAs) and have a minimum carbon footprint. Water and energy equipment will rely on a different renewable energy sources to ensure supply of water and energy for essential healthcare services during extreme events such as floods and droughts.

Activities related to EO 1.2: Curriculum revision to adopt child and play-centred pedagogy and training of educators and teachers in its implementation through collaborative approaches and peer learning and provision of adequate teaching and learning materials adapted to the curriculum.

Indicative activities under this expected result could comprise: a) technical assistance to the ECE Directorate at central level and to the devolved services of the Ministry of Education; b) collaborative actions leading to finalisation and adoption of the ECE curriculum, including consultative workshops; c) design and development of teaching and learning materials; d) advocating for improved, gender responsive ECE teacher training paths to ensure teachers are fully equipped to promote positive social norms, attitudes and practices that reject gender inequality e) training of ECE teachers and training of trainers on child and play-centred pedagogy through collaborative and peer learning approaches, including coaching and mentoring; f) setting up a path for life-long learning for ECE teachers; g) conducting learning assessments; h) organising competitions between ECE, stimulating collaborative work, under the prize component; i) raise awareness on the health impacts of environmental and climate risks related to air, water and soil pollution, learners should become aware of the ecological aspects of the climate crisis and learn how to contribute towards preventing and combating the issue; j) organising competitions linked to the design of learning material/playgrounds for ECE learners.

Activities related to EO 1.3: Parents engagement in child development and education strengthened

Indicative activities under this expected result could comprise: a) setting up or building capacities of existing child-centred community-based organisations (e.g. Parents-Teachers Associations (PTA)); b) organising consultations and exchanges between the local education and health authorities and parents' organisations; c) sensitisation activities at community level on health, nutrition, early childhood education and nurturing care and designating "champions"; d) raise awareness on climate change and environmental deterioration consequences, ensuring that all boys and girls aged 0–8 years as well as supporting parents and caregivers become resilient in the contexts of climate change and advocate for child-friendly green-spaces, d) organising competitions between households or PTA stimulating parent-child bonding and creativity, under the prize component.

Activities related to EO 1.4: Improved health services and enhanced health and nutrition status of children (0-8) and young mothers

Indicative activities under this expected result could comprise: a) actions related to capacity building of health/education personnel and community leadership to integrate nutrition in a multi-sector approach to child development and wellbeing, awareness raising on the links between nutrition and health, breastfeeding, etc.; b) linking health and social service provisions to ECE centres and schools, through organising periodic visits of health

personnel and social welfare workers to education facilities; c) training education and health duty bearers for case management and sound referral practices, including for mental health; d) sensitizing communities to access health services in time, especially for young children, pregnant women and young mothers; e) actions that would sustainably implement national policies and good practices on nutrition; f) procurement and provision of adequate equipment at health facility levels to improve the quality of health service for children and young mothers; g) management, procurement and financial management training for the health facilities and the devolved Ministry of Health personnel in the geographical areas targeted.

Activities related to EO 2.1: Community-based approaches are explored to better protect and support female adolescents, including young mothers

Indicative activities under this expected result could comprise: a) identification of innovative and tailor-made approaches for adolescent girls protection and their implementation at community level; b) sensitisation campaigns showing the ordeal adolescents girls go through and change the picture from irresponsible girls to victims in a non-protective environment; c) sensitisation through actions organised together with traditional leadership and faith-based organisations, advocating for increasing the protection and wellbeing of female adolescents and young mothers; d) competitions organised and “champions” designated.

Activities related to EO 2.2: Improved access to education, health and nutrition services for female adolescents

Indicative activities under this expected result could comprise: a) identification and implementation of best practices to stimulate health support-seeking by adolescents in general and adolescent girls in particular; b) improving access to psychosocial counselling, as per new Adolescent health strategic plan; c) linking up and scaling up activities under existing nutrition programmes (SUN II in North Western, GIZ interventions in Luapula) and integrating them in an education-health-hygiene-nutrition-protection nexus; c) build the capacity at local administration level and at health facility level to manage resources and procure medical supplies and medicines to cover the needs of adolescents.

Activities related to EO 2.3: Opportunities created for re-entry to formal education, easier access to vocational and technical skills and alternative pathways for young female adolescents who have dropped out of school

Indicative activities under this expected result could comprise: a) working with CSOs on advocacy at national level for a rights-based approach to the development and implementation of national policies to ensure the rights of female adolescents are treated as a priority; b) PTA/traditional leadership sensitisations to ensure that schools provide a safe and supportive environment free from hostility, harassment and discrimination in which the adolescent mothers can continue their education, c) deploy measures to enable the supportive environment to re-enter school or a vocational training (kindergartens or NGO support to take care for children close to schools that deliver skills development services); d) set up pilot programmes of TVET for secondary schools, aiming to meet more practical needs of young mothers who wish to return to school, including income generating activities to independently provide for the child, e) promote the inclusion of environmental education which cover climate change issues.

Activities related to EO 2.4: Access facilitated for adolescent to quality sexuality education, and for adolescent girls to receptive health services, and access facilitated for all to SGBV prevention and response mechanisms.

Indicative activities under this expected result could comprise: a) intensive advocacy work related to access for adolescent girls of effective Comprehensive Sexuality Education, and breaking the social taboos around this matter, allowing for a smooth implementation of the Government’s commitments concerning CSE at local level; b) link up education and health (including nutrition) through regular visits of health duty bearers to schools, and effective communication around sexuality education; c) capacity building and advocacy at the level of schools, health centres and other young friendly spaces will be carried out, in order to ensure access for adolescents girls to decent knowledge and awareness on body hygiene, menstrual hygiene management, mental health, sexuality education, reproductive health, SGBV, etc.; d) support to authorities to set up and manage One Stop Centres for

SGBV response including prevention, post-exposure prophylaxis, emergency contraception and efficient referral system; e) awareness raising on SGBV at community level with the active engagement of authorities, traditional leadership, faith-based organisations and community-based organisations, awareness raising on the Children's Code Act and SGBV-related legislation; f) improving access to Psychosocial counselling, as per new Adolescent Health Strategic Plan.

Activities related to EO 3.1: Improved data collection, monitoring and evaluation systems for better and more integrated delivery of early childhood education and development and of services and interventions targeting young female adolescents

Indicative activities under this expected result could comprise: a) needs identification and assessment at local level, including an assessment of willingness of formal and informal authorities to disseminate best practices; b) assess and support the development of ECD standards; b) improve data collection and analysis regarding children 0-8 and female adolescents; c) establish a baseline for the programme, through a joint action of the implementation partners and the local government; d) follow up actions for establishing a mid-line and an end line for the programme; e) capacity building on monitoring, evaluation, identification of best and worst practices for the local authorities and chiefdoms administrations.

Activities related to EO 3.2: Improved capacity for quality assurance and supervision of ECDE services as well as of services for female adolescents

Indicative activities under this expected result could comprise: a) technical assistance to national and provincial level administration; b) training of MoE, MoH and MCDSS staff, at central and local level, on supervision, inspection and performance assessment of duty bearers; c) capacity building at local administration level for management of resources and procurement.

The capacity building activities will incorporate considerations aimed to ensure environmental and climate mainstreaming in the health, education and early childhood development services, in line with the National Climate Change Learning Strategy.

- In the health sector, the Strategy foresees actions related to the i) Promotion and raising awareness regarding climate change within the health sector; ii) Enhance the teaching and learning of climate change at all levels of health education, including formal and informal settings; and iii) Develop strategies and policies to mainstream climate change in the health sector. Some specific aspect in the health sector relate to Waste minimisation and recycling, proper disposal of biohazards and pharmaceutical waste; identification, treatment and reporting of emerging diseases affected by climate change, such as vector-borne diseases, and changes in infectious disease patterns; raise awareness of the health impacts of environmental and climate risks related to air, water and soil pollution, wastewater, rising temperatures, deforestation, antimicrobial resistance, etc; and improve public knowledge of emergency response options.
- In the education sector, the Strategy foresees actions related to the i) Sensitisation and awareness raising on climate change education; ii) Enhance the abilities of teachers and educators to effectively provide precise information, incorporate regional material, encourage analytical thought, and actively engage in climate change mitigation and adaptation within educational institutions; iii) Formulate strategies and policies to integrate climate change into the mainstream education sub-sector (including curriculum review for the ECE, develop teaching and learning materials...).

Activities related to EO 3.3: Strengthened inter-ministerial and stakeholder coordination at both national and sub-national levels, and improved synergies between education, health, social protection and nutrition duty bearers.

Indicative activities under this expected result could comprise: a) support to policy development through technical assistance and policy dialogue at central and local level, with the aim to have an integrated policy response for the education – health – nutrition – protection nexus; b) strengthen existing platforms for stakeholder coordination and expand them to the four areas of the nexus where necessary and beyond promoting “Health in All” policies, considering environmental and climate risks; c) building capacity of chiefdom administration/secretariats to

advocate and adopt the integrated approach, and to further take it to the communities; d) building advocacy capacity of CSOs at local level, in the areas of the nexus; e) improve better communication, coordination and linkages between ECE centres, health facility, nutrition structures and administrations and promote the integrated approach in the planning processes, including on the Constituency Development Fund; f) advocate for the involvement of private sector in nexus-related activities (e.g. mining companies to sustain school-feeding programmes); g) strengthen community structures for an Education – Health – Nutrition – Protection nexus; h) technical assistance to support key government ministries responsible for coordination including gender and child protection issues.

The commitment of the EU's contribution to the Team Europe Initiative (TEI) to which this action refers, will be complemented by other contributions from the EU, Member States and/or European financing institutions in a Team Europe approach. It is subject to the formal confirmation of each respective member's meaningful contribution as early as possible. In the event that the TEIs and/or these contributions do not materialise, the EU action may continue outside a TEI framework.

3.3 Mainstreaming

Environmental Protection & Climate Change

Outcomes of the SEA screening (relevant for budget support and strategic-level interventions)

The Strategic Environmental Assessment (SEA) screening concluded that no further action was required.

The proposed Equal Chances for Human and Social Development programme does not require a Strategic Environmental Assessment. The impact that this action could have on the environment and on climate is minimal. On the contrary, a number of elements of this programme could be directly or indirectly linked to environmental and climate benefits. As an example, improvement of education conditions would lead to better raising awareness of children, parents and communities on effects of climate change and environmental deterioration, as well on the benefits of adapted practices and conservation actions. Climate-smart access to energy and water is also embedded, whenever relevant, in the proposed action, directly contributing to improving adaptation of the education sector, as foreseen in the country's National Determined Contribution.

Outcomes of the EIA (Environmental Impact Assessment) screening (relevant for projects and/or specific interventions within a project)

The EIA (Environment Impact Assessment) screening classified the action as Category C (no need for further assessment).

Given the “soft” nature of the main activities, very small scale infrastructure works, EIAs are not specifically envisaged for the proposed action. If however, linked to infrastructure works or water availability, the necessity of conducting an EIA arises, this will be carried out by the Government in line with the EIA Regulations, Statutory Instrument No. 28 of 1997 (SI 28, 1997). So far, none of the activities foreseen under the programme would fall under the statutory Instrument as requiring an EIA, an Environmental Project Brief (EPB) or an Environmental Impact Statement.

The need for EIA in specific cases to be later identified (the only possible scenario would be the close proximity to an area of high biodiversity density) will be stressed by the EU Delegation within the policy dialogue processes and confirmed through monitoring visits or by the Zambia Environmental Management Agency (ZEMA).

Outcome of the CRA (Climate Risk Assessment) screening (relevant for projects and/or specific interventions within a project)

The Climate Risk Assessment (CRA) screening concluded that this action is no or low risk (no need for further assessment).

The Climate Vulnerability Assessment of June 2020 (funded by the Nordic Development Fund), the 2019 In-Depth Vulnerability and Needs Assessment (Government of Zambia, UN and CSOs) and the Zambia Country Climate

Risk Assessment Report of 2018 (Irish Aid and Government of Zambia) do not foresee major climate-related risks for the sectors put forward in this proposal. The only climate-related risks that need to be taken into account would be the direct and indirect effects of the two most common natural disasters, droughts and floods. The risks could be direct (e.g. floods impact on physical infrastructure, deteriorating schools or access ways to educational institutions) or indirect (both floods and droughts affecting households to the point that they cannot afford to send children to school). Those risks being already identified in related documents, there is no need for a specific CRA to be carried out for this project. They also remain marginal, thus they will not figure among the major risks related to the programme, as described in section 3.4. The new and upgraded infrastructure will take into account environmental and climate risks in order to minimise its vulnerability and to ensure the supply of water and energy to essential health facilities during extreme weather events. In addition, the use of standards and of a wide range of infrastructure related mitigation measures will be embedded in the project design as adaptation measures.

Gender equality and empowerment of women and girls

As per the OECD Gender DAC codes identified in section 1.1, this action is labelled as G1. This implies that Gender Equality constitutes one of the main objectives of this action. The Action is contributing to the Gender Action Plan III (GAP III) – Country Level Implementation Plan (CLIP) for Zambia: more specifically, under the priority thematic areas focused on sexual and reproductive health rights, freedom from gender based violence and the promotion of economic and social rights and empowering girls and women. A special objective is dedicated to gender inequalities. The Action will specifically target gender specific education, health and nutrition measures aiming to reduce the high level of teen pregnancies and child marriages, to allow for pregnant girl drop-outs to reintegrate an education system after delivery – with a focus on empowerment through skills building; to ensure quality comprehensive sexual education as well as protection from and adequate response to SGBV. In addition, through infrastructure works, the Action aims to considerably improve access to safe water and to gender responsive sanitation facilities allowing for a safe and adequate space for menstrual hygiene management.

Human Rights

The action explicitly aims at the empowerment of right-holders, through improving equitable and inclusive access to education and healthcare for all children, especially for those who are socially and economically disadvantaged and from marginalised groups, including children with disabilities. The action would also work on advocacy and on capacity building of the duty bearers to use participatory approaches, accountability and transparency in the relations with the right holders.

Disability

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. This implies that the proposed action will not have integration of people with disabilities as main objective, but it will have targeted actions aiming to improve the situation of people with disability. For instance, access to education, hygiene and healthcare through adapted infrastructure and adequate equipment in schools and health centres will help the project to promote, both directly and indirectly, disability-responsive service provision.

Reduction of inequalities

Based on 2015 figures, the World Bank places Zambia as top 4 in the list of countries with the highest Gini Coefficient (57.1). Zambia is also placed 137th according to the Gender Gap Index and 146th according to the Human Development Index (UNDP 2019). In terms of growth, Zambia has started to recover after the COVID pandemic, with a real GDP of 4.6% in 2021 after a contraction of 2.8% in 2020, and expected GDP growth for 2023-2025 is around 4.5% annually, despite the spill overs of the war in Ukraine and falling copper prices. The poverty incidence is also expected to return to pre-pandemic levels by 2025, which is not really encouraging, given that more than 61.4% of the Zambian population was earning in 2015 less than the international poverty line of USD 2.15 per day (compared to the Sub-Saharan Africa average of 34.9% in 2019³⁸).

³⁸ <https://data.worldbank.org/indicator/SI.POV.DDAY?locations=ZM>

Inequalities remain very high especially in terms of income, of access to services, access to nutritious food, etc. The main factors of inequality are the geographical location (rich provinces like Copperbelt versus very poor provinces like Luapula), the urban/rural location (with an extremely disadvantaged rural population – the more remote, the more disadvantaged), the level of education, gender, vulnerability (e.g. people with disabilities), etc. In the areas of intervention of the programme, the main inequalities are based on income level, on gender and on access to education.

The drivers of inequality are often embedded in tradition and customary practices: (i) gender inequality and the condition of women and girls, with very high prevalence of sexual and gender based violence and early child marriage; (ii) poor nutrition, caused by lack of dietary diversity, which eventually cause long term/irreversible cognitive disadvantages and intergenerational transmission of malnutrition; (iii) high levels of school dropout. For girls this is related to lack of adequate menstrual hygiene and sanitation facilities, early pregnancies, child marriage, etc. For boys, this is related to the need for supporting the household in seasonal work, farming, or other income-generating activities.

Successive governments have shown efforts in reducing these inequalities, with sometimes good results. An example would be the reduction of inequalities in child survival between the poorest and the wealthiest people (BMC Health Services Research). Between 2000 and 2018, the under-five mortality rate declined for 168 to 64 death per 1000 live births. Even if it is still far from the SDG target of less than 25/1000, it is a result of identifying systemic drivers and putting in place government-driven health policies to reduce inequalities related to reproductive, maternal, new-born, and child health (RMNCH). Government action is therefore key for reversing some of the earlier mentioned inequality trends. Some of the more recent efforts on the government side are the Social Cash Transfer Programme and the Education For All reform, which gives learner access to free education at all levels. After one year, this had already a considerable impact on school attendance in both rural and urban areas.

Democracy

Early childhood education is the foundation for social interacting, intellectual development, physical and mental health of the future citizens. Equitable access to quality education and to decent healthcare for all is also a prerequisite for a democratic culture, where exclusion, structural barriers, harmful stereotypes and practices and unequal and unjust power relations do not have a place. As democracy needs to be built within mentalities just as importantly as through its institutions, the project contributes to some of the critical ingredients of a democratic society. In addition, working with CSOs and promoting advocacy in various policy and legal processes, the action contributes also to strengthen the democratic participation processes at national and local level.

Conflict sensitivity, peace and resilience

Although Zambia is a peaceful country, any actions that contribute to reducing marginalisation, exclusion and inequalities is contributing to further building societal peace and resilience. This particular action aims to increase the resilience of the population in the targeted areas through becoming more educated, healthier, better nourished, with decent chances for both youth and women to act as transformative agents and impact the overall country's social, political and economic development.

Disaster Risk Reduction

Specific shock-sensitive solutions, including application of pre-defined DRR/resilience standards may be defined under the implementation contracts, wherever necessary and feasible.

Other considerations if relevant

N/A

3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
3 – people and the organisation	Constrained implementation capacity undermines implementation	Low	High	The choice of the implementing partners will reflect the experience and proven track record in working in the targeted sectors, as well as presence in the geographical areas where the activities will take place. A mix of international organisations, CSOs and technical assistance will be chosen to implement the programme, to bring value added to the specific sub-sectors and diversify the risk. Solid monitoring systems will be put in place involving stakeholders, including the Government.
2 – planning, processes and systems	Low or no ownership by the Government endangers the Action's sustainability	Medium	High	Government has been engaged in the programme design and preliminary discussions, and the Action responds to GRZ needs and gaps. The implementing partners will closely work at each step of the implementation with both local and central administration, and a technical assistance will be provided to key GRZ partners.
2 – planning, processes and systems	The integrated nature of the action is undermined by weak coordination between the stakeholders	High	High	Specific activities are foreseen to create a strong coordination mechanisms, including with relevant government structures, communities and community-based organisations, traditional leadership, learners and parents. The identification of activities at local level will be based on consultative processes and clear needs assessments. Links will be made wherever possible with existing programmes that touch upon the sectors targeted (e.g. World Bank ZEEL, EU NEWZA, EU Natwampane and EnACT programmes, etc.). Technical assistance will also be provided to enhance coordination with governmental structures.
1 – external environment	The needed behavioural change is slower than the project activities will	Medium	Medium	Integrated activities targeting behavioural change are foreseen in the programme. In this area, the focus will be on working

	require for effective results			with Traditional Leadership, faith-based and community-based organisations. Communication campaigns will be tailor-made and adapted to targeted beneficiaries.
1 – external environment	The economic and social impact of the high level public debt and health or climate change-disasters lead to de-prioritizing by the government policy work and financing for social sectors	Low	Medium	The programme is strongly aligned with the GRZ priorities as translated into programmatic documents like the 8NDP and Vision 30. The programme will also keep flexibility in terms of activities and resources allocations, to be able to quickly respond to unforeseen circumstances without endangering the integrated nature of the actions.

Lessons Learnt:

Complementarity with existing programmes – the Action will not seek to avoid interference with existing programmes, but on the contrary, to build on what has already been accomplished by other actions in various sub-sectors and complement with the integrated approach for better and more sustainable results. For instance, the Action will seek to improve infrastructures already constructed under the GRZ-WB ZEEL programme, by adding to the new ECE Centres the necessary WASH structures and equipment, similar to those being constructed by EU-funded civil society partners such as Water Aid Zambia and Reformed Open Community Schools. In addition, for new constructions, the system of having a Development Partner as financial management entity and a Project Management Unit working with the Government in implementation is a success story in the country. In the same line, a strong link will be made with the Natwampane programme in Luapula, by consolidating the achievements in the area of GBV and scaling up the good practices. It will explore complementarity with activities implemented by the BMZ/EU EnACT programme in Luapula, particularly around implementation of relevant legislation such as the Re-Entry policy, accountability and transparency initiatives as well as access to justice. Similarly, support to Reproductive, Maternal, Child, Adolescent Health and Nutrition (RMNCAHN) will build on the positive results and lessons learned of the EU maternal & child health MDGi programme as well as maternal/child and adolescent health and nutrition programmes funded by EU MS (Sweden and Germany). It will equally align with global initiatives with considerable financial inputs of the EU and its MS, such as Global Fund (GFTAM), Global Financing Facility (GFF), and UHC WHO Partnership. The Action will therefore remain flexible enough to be able to cover gaps in existing structures and systems. As there will also be a Budget Support action targeting the Zambian social sectors in parallel, the policy dialogue will aim to bring as much as possible complementarity between the two actions.

Working with the Government structures – Many examples of existing programmes (EU – Natwampane, DE/USAID/EU/SE Scaling Up Nutrition - SUN II, etc.) have shown that it is very difficult to ensure sustainability to a project achievements if there is no buy in and take over by the Government of the results. The risk of a substantial donor-driven programme in a sector or province is that the Government would consider that sector or geographical location as “covered” and will redirect financial resources towards other priorities (e.g. what happened with SUN II, where a common donor intervention of scale has caused the GRZ to neglect the nutrition sector, with catastrophic results for the sector). This will be avoided at all costs, through both policy dialogue and the nature of the activities, as the Action will only complement and strengthen the Government’s investments and projects. A positive example to follow is the GIZ/EU EnACT programme.

Clearly follow Government priorities and policies – The best guarantee for Government buy in, and therefore for the subsequent sustainability for the Action’s result, is the close involvement of the Government (both at local and central level, given the low degree of decentralisation in the country), at all stages. Even though the Government will not implement this action, it will be part of the policy dialogue on budget support, for a coherent EU approach to human development in Zambia, and for increasing the GRZ ownership of this Action.

The use of an integrated approach instead of sector-specific actions – Given the strong interlinkages between the social sectors, it has been proven through past actions by various cooperating partners (including the EU), that targeting specific sectors or sub-sectors will, in many cases, not bring the changes that are expected. Studies and Programmes have pointed out benefits of working cross-sectorally when it comes to human development: better nutrition brings better results in school, whereas ill-health and malnutrition diminishes considerably the learners' performance; exposure to SGBV brings up similar behaviour in children; lack of hygiene facilities causes girls to drop out of school; awareness on reproductive health and contraception reduces the risk of early pregnancies therefore keeps girls in school. An integrated approach would both encourage virtuous behavioural circles (education/career path, spacing birth giving) and help break vicious circles (poverty, malnutrition, SGBV). The new administration's policy documents, including programmatic (8NDP) and sector-specific (Sector Strategic Plans) have brought more than before this integrated dimension to social sectors (e.g. the Education Strategic Plan 2022-2026 will include an integrated approach to child development and early education, aligned with the Ministry of Health approach and the inclusion of environmental and climate aspects as per the One health approach).

3.5 The Intervention Logic

The underlying intervention logic for this action is that the Action will combine and connect the rights and needs of young children with those of female adolescents in vulnerable situation. It will support multi-sectorial and integrated interventions (education, health, nutrition and protection) that will place the child/adolescent girl at the centre and ensure they receive all the services they need to thrive. The child needs balanced nutrition, nurturing parents, good health and stimulating early education to fully realise their development potential and build strong life learning foundations. An adolescent girl needs quality education, incentives to remain in school, access to reproductive health and freedom from (protection from) the risks of HIV, early pregnancy, Gender Based Violence and low self-esteem. The Action will adopt a dual approach by strengthening early education and health systems that target children and young female adolescents, and by enhancing service provision. Strengthening early childhood development (ECD), including health, nutrition, and early education (ECE) systems, aims at improving efficiency in governance and coordination at national and sub-national level. This life-cycle approach, which connects the rights and needs of the young child with those of female adolescents in vulnerable situation, serves to reinforce the rationale behind the proposed programme interventions set out in this section of the report. A life-cycle framework is adopted beginning with children between birth to 8 years³⁹ and the female adolescents (10-19 years⁴⁰).

Human development is key to economic growth and stability through the achievement of a well-educated, highly skilled and healthy labour force and to propel Zambia towards becoming the thriving and industrialised nation of its Vision 2030, to which Action's Overall Objective is aligned. The 8NDP aims to focus on increasing access to, and improving the quality of education, nutrition, health and water and sanitation, as well as enhancing social protection. This will further contribute to the reduction in poverty and inequality. The 8NDP provides a strong lead in promoting a multi-sectoral approach to integrated early years development and links this to the other national priority of keeping girls in school. Along the lines of the 8NDP, the two Specific Objectives of this Action translate two complementary approaches achieve this goal: strengthening and improving the existing systems (SO1) and improving service provision in the social sectors (SO2). To cement the first two objectives, the action will strengthen coordination across government systems to enhance the effectiveness of integrated service delivery to young children and to female adolescents (SO3).

Under the Specific Objective 1, the Action will contribute both through strengthening individual sector-related systems and through encouraging and stimulating coordination and cooperative work under an integrated approach to education – health – nutrition – social protection. The Action also aims to strengthen both formal and informal systems, targeting governmental and non-governmental established structures, and also informal structures and setups at the level of communities. Through not only targeting central and local administrations but also community based systems, traditional structures, and even private systems, the Action aims to reach out to the grassroots-level beneficiaries through as many channels as possible, increasing both the effectiveness and the efficiency of activities. Through the EO 1.3, the programme seeks to embed a transformative approach to women protection and empowerment within the wide range of its activities as a sine qua non condition for reducing societal inequalities.

The expected results under the Specific Objective 2 will contribute to improving the social services provisions through improving critical health, WASH and education-related infrastructure and equipment: adapting existing infrastructure and equipment to the needs that have arisen under the free education reform (e.g. high increase in attendance) and to respond to the hygiene needs adapted to the two categories of beneficiaries (children 0-8) and adolescent girls (adapted ablution blocks and hygiene facilities for the respective age categories, for an appropriate management of menstrual hygiene, etc.). In addition to the necessary hardware elements to improving social services delivery, a “soft” approach will also be adopted – mainly related to improving approaches, quality and integration of various elements under the education – health – nutrition – protection nexus for inclusive, holistic and efficient service provision. More particularly, the service provision needs to be of a highly transformative nature when it comes to adolescent girls: reducing the very high maternal mortality, prevalence of teen pregnancies, SGBV of HIV infections and child marriages – can only be done through an integrated approach that takes into account all aspects of teenage development by specific and well adapted structures.

The expected results under the Specific Objective 3 will aim to system strengthening and increasing efficiency and efficacy of service provision by duty bearers, through improving data collection, M&E systems, supervision and coordination at national and local level.

3.6 Logical Framework Matrix

This indicative logframe constitutes the basis for the monitoring, reporting and evaluation of the intervention.

On the basis of this logframe matrix, a more detailed logframe (or several) may be developed at contracting stage. In case baselines and targets are not available for the action, they should be informed for each indicator at signature of the contract(s) linked to this AD, or in the first progress report at the latest. New columns may be added to set intermediary targets (milestones) for the Output and Outcome indicators whenever it is relevant.

- At inception, the first progress report should include the complete logframe (e.g. including baselines/targets).
- Progress reports should provide an updated logframe with current values for each indicator.
- The final report should enclose the logframe with baseline and final values for each indicator.

The indicative logical framework matrix may evolve during the lifetime of the action depending on the different implementation modalities of this action.

The activities, the expected Outputs and related indicators, targets and baselines included in the logframe matrix may be updated during the implementation of the action, no amendment being required to the Financing Decision.

PROJECT MODALITY (3 levels of results / indicators / Source of Data / Assumptions - no activities)

Results	Results chain (@): Main expected results (maximum 10)	Indicators (@): (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	The children of Zambia reach their potential and improve young female adolescent's resilience in alignment with Zambia's human development commitments under 8NDP.	1 GINI Coefficient 2 Gender Inequality index	1 – 57.1 (2023) 2 - 0.54 (2020)	1 decrease 2 decrease	1GINI coefficient 2 GII	<i>Not applicable</i>
Outcome 1	1 Improve access to more inclusive, equitable and quality early childhood development and education (ECDE) for young children (0-8);	1.1 Percentage of Grade 1 entrants who have pre-school experience, disaggregated by targeted province and by sex 1.2 – Percentage of children whose births are registered, by targeted province	1.1 Luapula – 26.9; North Western – 18.6 (ESB 2020) 1.2 Luapula – 8.3%; North Western 8.9% (2018)	1.1 TBD 1.2 TBD	1.1 Education Statistical Bulletin (ESB-annual) 1.2 Demographic and household surveys	Continuous commitment of the Government to the Education Reform and child protection policies
Outcome 2	2 Decrease inequalities through enhancing wellbeing and opportunities for female adolescents	2.1 Female dropout rates (grades 8-12) 2.2 Percentage of women age 15-49 who have ever experienced sexual violence.	2.1 Luapula 2.5%; North Western 2.5% (2020) 2.2 Luapula 20.1%; North Western 5.8% (2018)	2.1 TBD 2.2 TBD	2.1 Education Statistical Bulletin 2.2 Demographic and Household Survey (4-yearly)	Continuous commitment of the Government to reducing gender inequalities and responsiveness from communities and traditional leadership
Outcome 3	3 Strengthened coordination across government systems to enhance the effectiveness of integrated service delivery to	3.1 Number of children under 8 benefitting of an integrated approach to education-health-nutrition-social protection-hygiene in the targeted provinces through the EU intervention (disaggregated by sex and province)	3.1 0 3.2 0	2.1 TBD 2.2 TBD	3.1. Project baseline/end line 3.2. Project baseline/end line	Interministerial mechanisms continue to be functional

	young children (0-8) and to female adolescents	3.2 Number of adolescent girls benefitting of an integrated approach to education-health-nutrition-social protection-hygiene in the targeted provinces through the EU intervention				
Output 1 relating to Outcome 1	1.1 Expansion of health and ECDE infrastructure (construction of new, renovation or improvement of community infrastructures/early childhood development centres/kindergartens) through smart and green solutions for energy, water and sanitation and play areas;	1.1.1 Number of ECE Centres built that respect good quality standards 1.1.2 Number of disability-responsive ECE Centres with access to age-adapted sanitation facilities, to play areas, drinking water and electricity	1.1.1 0 1.1.2 0 1.1.3 - 0	1.1.1 TBD 1.1.2 TBD 1.1.3 TBD	1.1.1-3 Project baseline and end line	Inflation is controlled and contractors are available at local level
Output 2 relating to Outcome 1	1.2 Curriculum revision to adopt child and play-centred pedagogy and training of educators and teachers in its implementation through collaborative approaches and peer learning and provision of adequate teaching and learning materials adapted to the curriculum	1.2.1 Revised curriculum for ECE adopted 1.2.2 Number of ECE teachers trained under the programme, with a gender approach	1.2.1 - 0 1.2.2 - 0	1.2.1 - 1 1.2.2 TBD	1.2.1 Ministry of Education Reports 1.2.2 Project reports	Continuous commitment of the Government to the education reform, including ECE
Output 3 relating to Outcome 1	1.3 Parents engagement in child development and education strengthened	1.3.1 Number of Parents-Teachers Associations created sustainably 1.3.2 Number of competitions organised and “champions” designated	1.3.1 0 1.3.2 0	1.3.1 TBD 1.3.2 TBD	1.3.1 Project Reports 1.3.2 Project Reports	Communities open to ECE opportunities
Output 4 Relating to Outcome 1	1.4 Improved health services and enhanced health and nutrition status of children (0-8) and young mothers	4.1.1 Prevalence of anaemia in children 6-59 months, disaggregated per targeted province and sex 4.1.2 Number of children and young mothers under a social protection scheme	1.3.1 Luapula 70.7%; North Western 61.6% (2018) 1.3.2 TBD through project survey/baseline	1.3.1 TBD 1.3.2 TBD through project survey/baseline	1.3.1 Health Statistical Bulletin 1.3.2 Project Survey – end line	Governmental Social Protection schemes continue, and medicines and medical supplies available

Output 1 relating to Outcome 2	2.1 Community-based approaches are explored to better protect and support female adolescents, including young mothers	2.1.1 Number of competitions organised and “champions” designated 2.1.2 Extent to which there are child-friendly, accessible and accountable school/community mechanisms and systems in place to take action on reported cases of school related gender based violence (SRGBV)	2.1.1 0 2.1.2 0	2.1.1 TBD 2.1.2 TBD	2.1.1 Project Survey - end line 2.1.2 Project Reports, DEBS reports	Communities, social duty bearers, local government and traditional leadership are open and committed to the protection of adolescent girls and young mothers
Output 2 relating to Outcome 2	2.2 Improved access to health and nutrition services for adolescents	2.2.1 Prevalence of anaemia in women 15-49 years 2.2.2 Percentage of patients accessing modern contraceptive methods (all contraceptive methods as per HMIS register) who are adolescents	2.2.1 Luapula 29.8%; North Western 32.2% (2018) 2.2.2 Baseline to be informed by HMIS (National 18%)	2.2.1 TBD 2.2.2 TBD	2.2.1 Health Statistical Bulletin 2.2.2 Adolescent Health Strategic Plan monitoring framework/MoH report	Availability of medicines, medical supplies, and family planning commodities
Output 3 relating to Outcome 2	2.3 Opportunities created for re-entry to formal education, easier access to vocational and technical skills and alternative pathways for young female adolescents who have dropped out of school	2.3.1 Number of secondary schools with a TVET programme integrated in the school’s budget targeting young mothers and girl dropouts 2.3.2 Number of teen mothers and girls dropouts enrolled under a TVET/women empowerment programme	2.3.1 0 2.3.2 0	2.3.1 TBD 2.3.2 TBD	2.3.1 Provincial/district budget; school accounts documents 2.3.2 Project documents	Communities open to opportunities for adolescent girls and young mothers.

Output 4 Relating to Outcome 2	2.4 Access facilitated to quality sexuality education, and for adolescent girls to receptive health services, and access facilitated for all to SGBV prevention and response mechanisms	2.4.1 The proportion of adolescents who get pregnant before the age of 20 years	2.4.1 29% (2023), TBD per province	2.4.1 TBD through project survey/baseline	2.4.1 Project Survey – end line	Availability of psychological counselling at community level
		2.4.2 Percentage of patients provided with psychological Counselling for SGBV who are adolescents and young people	2.4.2 TBD (per province)	2.4.2 TBD	2.4.2 Health Statistical Bulletin	
Output 1 Relating to Outcome 3	3.1 Improved data collection, monitoring and evaluation systems for better and more integrated delivery of early childhood education and development and of services and interventions targeting young female adolescents	3.1.1 Number communities with monitoring systems in place for the integrated approach on ECED and Adolescent wellbeing	3.1.1 0	3.1.1 TBD	3.1.1 Project baseline/end line	Willingness of communities, local authorities and traditional leadership to be involved in monitoring of service provision
		3.1.1 Number of baselines and end lines for the programme established at community/district/provincial level in a collaborative way	3.1.2 0	3.1.2 TBD	3.1.2 Project baseline/end line	
Output 2 Relating to Outcome 3	3.2 Improved capacity for quality assurance and supervision of health, education and early childhood development services	3.2.1 Number of local government officials and members of Chiefdoms administrations trained in management of resources (including financial resources)	3.2.1 0	3.2.1 TBD	3.2.1 Project baseline/end line	Government avails resources for quality assurance and supervision of service provision at national level
		3.2.2 Number of MOE/MOH/MCDSS Staff trained, at central and local level on supervision, inspection and performance assessment of duty bearers.	3.2.2 0	3.2.2 TBD	3.2.2 Project baseline/end line	
Output 3 Relating to Outcome 3	3.3 Strengthened inter-ministerial and stakeholder coordination at both national and sub-national levels, and improved synergies between education, health and nutrition duty bearers.	3.3.1 Number of policies/strategies and strategic action plan taking into account an integrated and gender approach to education-health-nutrition-protection for young children and adolescents	3.3.1 0	3.3.1 TBD	3.3.1 Project baseline/end line	Government continues to be committed to an integrated approach for young children and adolescents Private sector committed to social responsibility
		3.3.2 Number of private sector entities supporting the integrated approach to education-health-nutrition-protection for young children and adolescents	3.3.2 0	3.3.2 TBD	3.3.1 Project baseline/end line	

4 IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

In order to implement this action, it is envisaged to conclude a financing agreement with the Government of the Republic of Zambia.

4.2 Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 72 months from the date of entry into force of the financing agreement.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3 Implementation of the Budget Support Component

N/A

4.4 Implementation Modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures⁴¹.

4.4.1 Direct Management (Grants)

Grants: (direct management)

(a) Purpose of the grant(s)

The grants will mainly contribute to achieving the **Expected Output 1.3** of the **Specific Objective 1** targeting community engagement in child development, the **Expected Outputs 2.1, 2.3 and 2.4** under the **Specific Objective 2**, equally targeting community involvement in support of female adolescents, including prevention of SGBV, technical and vocational skills building for female adolescents and support to reintegration of young mothers in the formal education system.

(b) Type of applicants targeted

The type of applicants that could benefit of the Grants in direct management will be Non-Governmental Organisations, Local Authorities or local Economic Operators (Micro Small and Medium Enterprises).

4.4.2 Direct Management (Prize(s))

a) Purpose of the prize:

The prizes will be contributing to partly achieve **Expected Outputs 1.2 and 1.3** under **Specific Objective 1** and the **Expected Outcome 2.1** under the **Specific Objective 2**. The prizes will be used for the organisation of competitions within the communities, and designation of "champions" (e.g. for observing the application of the Anti-GBV act and Children's Code Act in the communities), as well as for organising competition between ECE Centres or PTA associations. Given the relatively small amount allocated to this modality, it will only partly contribute to the achievement of the above-mentioned Expected Outputs, and will target specific activities that will considerably increase the visibility of the EU Delegation.

b) The type of participants targeted:

⁴¹ www.sanctionsmap.eu. Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

Schools, learners, traditional leadership, and community-based organisations: Various competitions will be launched by the EUD between schools or learners, mainly for awareness raising on existing norms and legislation on child protection and SGBV, on comprehensive sexuality education and on schools' innovative initiatives to attract girls back to school.

c) Specific reference to prizes with a unit value of EUR 1 million or more: N/A

4.4.3 Direct Management (Procurement)

A technical assistance facility (TAF) to assist Government at national and local level to achieve systems-related targets under the **Expected Output 1.2** of the **Specific Objective 1** and under the **Expected Output 3.1 of the Specific Objective 3**. The TAF will monitor and support service provision-related activities at local level. In addition, it will contribute to the institutional coordination of the Education-Health-Nutrition-Protection at national and local level, will provide assistance on the inclusion of the integrated approach to the nexus under policy and planning documents and will provide assistance to the various platforms of interaction between the Programme and the Government entities concerned. The TAF will also support the coherence and accuracy of data collection systems. The TAF may also conduct the baselines, midlines and end lines as required by the monitoring framework of the programme, in collaboration with other implementing partners. The TAF may also support the EU Delegation in launching competitions between schools and learners (cf. 4.3.2).

4.4.4 Indirect Management with an entrusted entity

A part of this action may be implemented in indirect management with UNICEF. This implementation entails the achievement of the expected outcomes involving working with national and local authorities on early childhood education and development, health and nutrition. More specifically, this implementation modality will contribute to the achievement of the **Expected Outputs 1.1** and **1.4** under the **Specific Objective 1**, the **Expected Output 2.2** under the **Specific Objective 2** and the **Expected outputs 3.2** and **3.3** under the **Specific Objective 3**. The envisaged entity has been selected using the following criteria: a) extensive experience of working in Zambia in all the sectors targeted by this programme, and a strong understanding of the Zambian context, in particular concerning children and mothers; b) demonstrated capacity to manage EU programmes and funds; c) demonstrated capacity to effectively work with the governmental stakeholders of the proposed action.

If negotiations with the above-mentioned entity fail, that part of this action may be implemented in indirect management with Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). The implementation by this alternative entity would be justified because of the following criteria: a) extensive experience of working in Zambia in some of the sectors targeted by the programme, in particular SGBV and issues related to adolescent girls and teen mothers; b) demonstrated capacity to effectively work with the Governmental stakeholders; c) excellent understanding of the EU priorities in Zambia and full alignment with the Joint European Strategy for Zambia, which was adopted by Germany as own strategy.

In case the envisaged entity and the replacement entity mentioned above would need to be replaced, the Commission's services may select another replacement entity using the same criteria. If the entity is replaced, the decision to replace it needs to be justified.

4.4.5 Changes from indirect to direct management mode (and vice versa) due to exceptional circumstances (one alternative second option)

If due to exceptional circumstances outside of the Commission's control, the activities foreseen under indirect management with an entrusted entity cannot be implemented, the management mode can be changed to direct management mode through grants. This implementation modality will contribute to the achievement of the Expected Outputs 1.1 and 1.4 under the Specific Objective 1, the Expected Output 2.2 under the Specific Objective 2 and the Expected outputs 3.2 and 3.3 under the Specific Objective 3. The type of applicants that could benefit of the Grants in direct management will be Non-Governmental Organisations and Local Authorities.

If due to exceptional circumstances outside of the Commission's control, the activities foreseen under direct management cannot be implemented, the management mode can be changed to indirect management mode

through contribution agreements with pillar-assessed entities. The envisaged entity would be selected using the following criteria: a) extensive experience of working in Zambia in all the sectors targeted by this programme, and a strong understanding of the Zambian context, in particular concerning children and mothers; b) demonstrated capacity to manage EU programmes and funds; c) demonstrated capacity to effectively work with the governmental stakeholders of the proposed action.

4.5. Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the markets of the countries or territories concerned, or in other duly substantiated cases where application of the eligibility rules would make the realization of this action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

4.6. Indicative Budget

Indicative Budget components	EU contribution (amount in EUR) Year N	EU contribution (amount in EUR) Year N+1
Implementation modalities – cf. section 4.4		
Grants (direct management) total envelope under section 4.4.1 Specific Objective 1, Expected Output 1.3 Specific Objective 2, Expected Outputs 2.1, 2.3, 2.4	6 000 000	0
Prize (direct management) total envelope under section 4.4.2 Partially contributing to: Specific Objective 1, Expected Outputs 1.2 and 1.3 Specific Objective 2, Expected Output 2.1	200 000	0
Indirect management – total envelope under section 4.4.4 Specific Objective 1, Expected Outputs 1.1 and 1.4 Specific Objective 2, Expected Output 2.2 Specific Objective 3, Expected Outputs 3.2 and 3.3	25 406 211	14 593 789
Procurement – total envelope under section 4.4.3 Specific Objective 1, Expected Output 1.2 Specific Objective 3, Expected Output 3.1	3 600 000	0
Evaluation – cf. section 5.2	100 000	0
Audit – cf. section 5.3	100 000	
Contingencies		
Totals	35 406 211	14 593 789

4.7. Organisational Set-up and Responsibilities

To ensure a smooth and successful delivery of results of a wide range of actors under this programme, as well as the Government's ownership, the Action will be overseen by a Steering Committee (SC) and supported by a Technical Committee (TC) including GRZ structures both at national and local level. In both Luapula and North Western, specific Provincial Technical Committees (PTC) will take place regularly and ad-hoc at partners' requirement, organised by the TA at local level. All implementing partners will contribute to the coordination and steering of decision making through regular monitoring and timely identification of bottlenecks. The governance structure will maximise coordination between stakeholders and will ensure that the effective coordination needed for the adopted integrated approach is efficiently working at all times.

The SC will be responsible for the overall strategic guidance of the project. The SC resolves strategic and policy issues, review and endorse annual work-plans and progress reports, identify achievements and constraints, and propose adjustments, if needed. The SC will meet once a year, but will be able to approve changes, whenever necessary in writing, and will be co-chaired by the GRZ and the EU. The co-chair government entity will be rotating among the key institutions involved in the project: Ministry of Education; Ministry of Health; Ministry of Community Development and Social Security and the Gender Division. The SC will include all implementing partners under the programme, representatives of youth under the Youth Sounding Board, EU member states involved with the corresponding priorities under the JES.

The SC will be assisted by a TC, which will improve information sharing and coordination, will monitor implementation and provide solutions for improvement of efficiency and sustainability of actions. The TC is an advisory body that will provide timely and accurate feedback and information for strategic decision-making. The TC is meeting regularly (2 or 3 times a year, and always before the SC). The technical coordination will review progresses, identify constraints, and propose corrective actions, provides recommendations to the SC on the annual work plans and progress reports. The TC will meet at least twice a year. The TC will consist of representatives of the implementation partners and Governmental institutions at technical level.

The TC will also be complemented by Provincial Technical Committees, one in Luapula and one in North Western Province, whose role is to monitor, solve bottlenecks and keep a steady communication on project activities between implementing partners, beneficiaries rights-holders and the concerned governmental counterparts. The PTC will be chaired at the level of Provincial Health Director (PHD) or Provincial Education Officer (PEO) and will take place at least 3 times a year (preceding the TC) and whenever necessary. The PTC will include implementing partners at local level, traditional leadership and governmental institutions. Youth organisations and representatives of beneficiaries may also be involved.

As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the action and may sign or enter into joint declarations or statements, for the purpose of enhancing the visibility of the EU and its contribution to this action and ensuring effective coordination.

5 PERFORMANCE MEASUREMENT

5.1 Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (Outputs and direct Outcomes) as measured by corresponding indicators, using as reference the logframe matrix (for project modality) and the partner's strategy, policy or reform action plan list (for budget support).

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

Roles and responsibilities for data collection, analysis and monitoring:

The Technical Assistance will be leading in establishing the methodology and carrying out the baseline, midline and end line surveys for all Outputs for which these are required. This will be done conjointly with the GRZ at local level and with the other implementing partners, whenever possible.

The implementing partners will be responsible for data collection, analysis, and monitoring. The action is fully harmonised with regards to data collection with the implementation partners systems and will be gradually harmonized with the GRZ M&E systems. Project-specific logframes will be defined in the respective contributions agreements and during the inception phases, in a way that will allow as much as possible for aggregation of results of the Action globally.

The implementing partners' current M&E systems include comprehensive results-based monitoring systems which assigns clear responsibilities for data collection and reporting and ensures that all relevant data to report on the indicators in the log frame is collected on a regular basis.

In addition, the implementing partners will be required to contribute to the regular and structured monitoring of the results achieved by EU-funded actions through OPSYS. This responsibility will include encoding of the log-frame and regularly update indicator values in OPSYS.

All monitoring and reporting shall assess how the action is considering the principle of gender equality, human rights-based approach, and rights of persons with disabilities including inclusion and diversity. Indicators shall be disaggregated at least by sex.

5.2 Evaluation

Having regard to the nature of the action, an ex-post evaluations may be carried out for this action or its components via independent consultants contracted by the Commission.

It will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that it is the first time an integrated approach around the Early Childhood Education and Development and Adolescent Girls (an Education – Health – Nutrition – Protection nexus approach) is proposed by the EU, including innovative approaches and pilots (e.g. TVET programmes for secondary school to bring back teen drop out girls in the education system.). Under the Joint European Strategy, the Evaluation may be carried out jointly with EU Member States.

All evaluations shall assess to what extent the action is taking into account the human rights-based approach as well as how it contributes to gender equality and women's empowerment and disability inclusion. Expertise on human rights, disability and gender equality will be ensured in the evaluation teams.

The Commission shall inform the implementing partner at least 3 months in advance of the dates envisaged for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports may be shared with the partners and other key stakeholders following the best practice of evaluation dissemination. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, apply the necessary adjustments.

Evaluation services may be contracted under a framework contract.

5.3 Audit and Verifications

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements.

6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

The 2021-2027 programming cycle will adopt a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

In line with the 2022 “[Communicating and Raising EU Visibility: Guidance for External Actions](#)”, it will remain a contractual obligation for all entities implementing EU-funded external actions to inform the relevant audiences of the Union’s support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, duty bearers, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

However, action documents for specific sector programmes are in principle no longer required to include a provision for communication and visibility actions promoting the programmes concerned. These resources will instead be consolidated in Cooperation Facilities established by support measure action documents, allowing Delegations to plan and execute multiannual strategic communication and public diplomacy actions with sufficient critical mass to be effective on a national scale.

Appendix 1 REPORTING IN OPSYS

A Primary Intervention (project/programme) is a coherent set of activities and results structured in a logical framework aiming at delivering development change or progress. Identifying the level of the primary intervention will allow for:

Articulating Actions or Contracts according to an expected chain of results and therefore allowing them to ensure efficient monitoring and reporting of performance;

Differentiating these Actions or Contracts from those that do not produce direct reportable development results, defined as support entities (i.e. audits, evaluations);

Having a complete and exhaustive mapping of all results-bearing Actions and Contracts.

Primary Interventions are identified during the design of each action by the responsible service (Delegation or Headquarters operational Unit).

The level of the Primary Intervention chosen can be modified (directly in OPSYS) and the modification does not constitute an amendment of the action document.

The intervention level for the present Action identifies as (tick one of the 4 following options);

Action level (i.e. Budget Support, blending)		
<input type="checkbox"/>	Single action	Present action: all contracts in the present action
Group of actions level (i.e. top-up cases, different phases of a single programme)		
<input type="checkbox"/>	Group of actions	Actions reference (CRIS#/OPSYS#):
Contract level		
<input type="checkbox"/>	Single Contract 1	
<input type="checkbox"/>	Single Contract 2	
	(...)	
Group of contracts level (i.e. series of programme estimates, cases in which an Action includes for example four contracts and two of them, a technical assistance contract and a contribution agreement, aim at the same objectives and complement each other)		
<input checked="" type="checkbox"/>	Group of contracts 1	<ul style="list-style-type: none"> • Contract with a Pillar Assessed Entity • 2-6 Contracts with CSOs (depending on the result of the Call for Proposals) • Service Contract for Technical Assistance • Prizes